

## CLAIMS ONLY

## BEST AVAILABLE COPY

Application Number <b>10/709,270</b>	Filing Date
Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Dep
1	/						51			
2		/					52			
3		/					53			
4							54			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	2						Total Indep			
Total Depend	12						Total Depend			
Total Claims	14						Total Claims			